



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/826,471 Confirmation No. 1494
Applicant : M. HOSOYA et al
Filed : April 16, 2004
Title : DISK CONTROLLER
TC/AU : 2181
Examiner : N.I. Patel
Docket No. : ASA-5025
Customer No.: 24956

Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Response to Rule 312 Communication of December 4, 2006, Applicants request entry of the amendment. . A Request for Continued Examination (RCE) and appropriate fee accompany this response.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 11 of this paper.



Patent

Case Docket No. ASA-5025

In RE application of M. HOSOYA et al

Serial No.: 10/826,471

Group Art Unit: 2181

For: DISK CONTROLLER

Examiner: N.I. Patel

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)		SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra		Rate	Additional Fee		Rate	Additional Fee
Total	14	Minus	** 20	=		X 25	\$		X 50	\$
Indep.	2	Minus	*** 3	=		X 100	\$		X 200	\$
						X 180	\$		X 360	\$
						Total	\$	OR	Total	\$

☐ First presentation of Multiple Dependent Claims

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$ 790.00 is attached for RCE.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: January 8, 2007